

# Technology Literacy Challenge Grant

## BUDGET REVISION REQUEST FORM (TLC99-31)

A budget revision request is required if your budget will change more than 10% in any category. If a revision is necessary, please complete this form and send it with a rationale explaining why the change is needed (on letterhead with the name, title and signature of someone authorized to make the revision request). Mail or fax [(916) 323-5110 or (916) 323-5102] the information to the following address:

**Education Technology Office, California Department of Education**  
**515 L Street, Suite 250 Sacramento, CA 95814**  
**Attention: Delores Evarts**

**School District/County Office** \_\_\_\_\_ **County/District Code** \_\_\_\_ - \_\_\_\_\_

**YEAR** \_\_\_\_ Please note that indirect cost cannot be applied to the Capital Outlay/Equipment category. If funds are moved into this category, the indirect cost (if taken) will need to be adjusted.

Categories		Approved Budget	Proposed Change	Revised Budget
1000-1999	Certificated Salaries			
2000-2999	Classified Salaries			
3000-3999	Benefits			
4000-4999	Books / Supplies			
5000-5999	Services/ Other Operating Expenses			
6000-6999	Capital Outlay/Equipment			
7000-7999	Indirect Costs (if taken) (exclude 6000-6999)			
	<b>TOTAL</b>			

**YEAR** \_\_\_\_

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	<b>TOTAL</b>			